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Please return this slip to a messenger PROMPTLY. Senate Sergeant-At-Arms State Capitol - B35 South Madison, WI 53707-7882 P.O.Box 7882

SENATE HEARING SLIP

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Madison, WI 53707-7882 P.O.Box 7882

| SENATE HEARING SLIP (Please Print Plainly) | DATE: 9/23/99 BILL NO. Select Bill 87 Or SUBJECT Bile Helme + Law | Jeri Dreikosen (NAME) 3731 High Cliff Gt (Street Address or Route Number) Sheboyaan 53083 (City and Zip Code) Health, Sheboyaan Centy 2010 (Representing) | Speaking Against: | Registering in Favor: but <u>not</u> speaking: | Registering Against: but not speaking: | Speaking for information only; Neither for nor against: | Please return this slip to a messenger PROMPTLY. Senate Sergeant-At-Arms State Capitol - B35 South P.O.Box 7882 Madison, WI 53707-7882 |
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Madison, Wisconsin 53702 Senate Sergeant at Arms State Capitol Room 204-S

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

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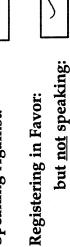
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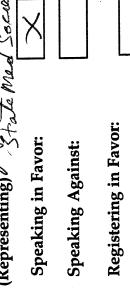
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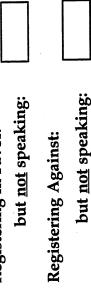
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Vote Record

Senate - Committee on Human Services and Aging

| Date: | 10-7-99 | | | | |
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Vote Record

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| Committee Member Sen. Judy Robson, Sen. Gwendolynne Sen. Robert Wirch Sen. Carol Roessle Sen. Peggy Rosen | Chair Moore | Totals: | Aye | <u>No</u> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Absent | Not Voting |

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| Motion Carried | Motion Failed | |
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10 Sept 99

Senator Judy Robson Wisconsin State Senate P.O. Box 7882 Madison, WI 53707-7882

Dear Senator Robson and Members of the Committee on Human Services and Aging:

With the change in hearing dates, I will be on vacation and unable to appear in person to support of Senate Bill -87, relating to the use of bicycle helmets. I apologize for missing the hearing. Please accept as testimony my written opinion on the subject of requiring the use of bicycle helmets for young riders.

Head injury is the leading cause of death in bicycle crashes nationwide and is the most important determinant of bicycle-related death and permanent disability. Head injuries account for more than 60 percent of bicycle related deaths, more than two-thirds of bicycle related hospital admissions and about one-third of hospital emergency room visits for bicycling injuries. A review of hospital discharge data in Washington State revealed that treatment for nonfatal bicycle injuries in children 14 years of age and younger cost more than \$113 million each year; an average of \$218,000 per child. For every dollar spent on a bicycle helmet, \$30 will be saved in direct medical costs as well as in other related costs to society.

It is an accepted fact that the single most effective device to reduce head injuries and their associated costs is the bicycle helmet. Helmet use reduces both the risk of bicycle-related death and the level or severity of head injury when a crash occurs. Currently, voluntary bicycle helmet use among children ages 14 and under is about 15 to 25 percent in most communities. Children ages 11-14, who have the most bicycle crashes, have the lowest helmet usage rate: 11 percent.

Children are most likely to have bicycle crashes within one mile of home. Two-thirds of total crash deaths are non-intersection crashes on minor roads. Riding with a helmet not only reduces the level of head injury; it may also contribute to fewer bicycle VS motor vehicle crashes. In a study done in Green County in 1992 it was

found that children wearing bicycle helmets were better behaved on their bicycles and more likely to obey traffic law and observe traffic courtesy. It might be surmised that the child treats the bicycle as a toy when no helmet is worn and as a vehicle when a bicycle helmet is worn.

In an ideal world, everyone would choose to have their children wear bike helmets only because it is the right thing to do. In the real world, sometimes it is necessary to strongly suggest to parents what is best for their child's sake. Some people don't believe that an issue is important if a law or regulation does not address it. Currently 16 states have bike helmet laws. One state found that, five years following passage of a mandatory bicycle helmet law for ages 13 and under, bicycle related fatalities decreased by <u>60</u> percent.

A bicycle helmet is a necessity, not an accessory. The cost of good looking, Consumer Product Safety Commission approved bicycle helmets can be very low, as little as \$10 at retail and \$5 – \$8 for school promotions and/or bulk purchases. Wisconsin SAFE KIDS Coalition, its 5 chapters and the six locally based free standing coalitions (Chippewa Valley, Fox Valley, Green Bay, Madison, Monroe and Southeast WI) have all had successful bicycle helmet distribution events. Protecting our children as they ride in the dangerous on the road environment should be our first priority. Bicycle helmets work, they are inexpensive and the consequences of not using them can be devastating.

Please give serious consideration for passing Senate Bill 87 out of your committee and then supporting its passage through both houses in time to protect our children next summer.

Sincerely,

Beth Kindschi, President

Wisconsin SAFE KIDS Coalition

Coordinator,

Monroe Area SAFE KIDS Partnership

Healthy Sheboygan County

2010

P.O. Box 442 Sheboygan, WI 53082-0442

My name is Jeri Dreikosen. I am a Public Health Nurse in Sheboygan County and the mother of two children. I am here today on behalf of the Healthy Sheboygan County 2010 Maternal Child Health Bicycle Safety Committee. Our group is a community partnership of hospitals, clinics, public health personnel, community leaders and concerned citizens targeting key, troubling health concerns in our county.

For three years now, we have campaigned for bicycle helmet usage in Sheboygan County and have made some progress, but it's not enough . . . most children are still not wearing helmets. We need a bicycle helmet law!

Helmet legislation works! In Howard County, Maryland, helmet use increased from 11% to 37% after enacting a helmet law. Even more dramatically, in Victoria, Australia, one year after helmet legislation, helmet use increased from 31% in 1990 to 75% in 1991.

Many of you may be familiar with the statistics, some may not. According to our State Legislative Fact Sheet, bicycle helmets are 85%-88% effective in mitigating head and brain injuries, making the use of helmets the single most effective way to reduce head injuries and fatalities from bicycle crashes. Despite the fact that 70%-80% of all fatal bicycle crashes involve head injuries, only 18% of all bicyclists wear helmets. The April 1998 issue of Consumer Reports cited that of the 757 bicyclists killed in the U.S. last year, 96% were not wearing a helmet.

We need a helmet law! Many opponents of this bill ask how poor people can afford a bike helmet. In Sheboygan County, ANSI-approved helmets are sold and fitted for only \$7.00 at all Aurora pharmacies throughout the county and at St. Nicholas Hospital. If someone comes to St. Nicholas Hospital and cannot afford a helmet, they are given one, free of charge. St. Nicholas Hospital has sold and given away over 2500 helmets in the past two years. It's not enough . . . most children are not wearing helmets.

Our Recreation Department received a grant from the Department of Transportation and conducted a bicycle safety program the past two years. Over 300 free helmets were given away. It's not enough . . .

We've gotten the community involved! Representatives of the City of Sheboygan and Plymouth Police Departments, Sheboygan County Sheriff's Department, area pediatricians, school personnel, hospital personnel and our local recreation department all are participating members of the Healthy Sheboygan County 2010 Bicycle Safety Committee. Sheboygan County cares. It's not enough . . . most children are still not wearing helmets.

St. Nicholas Hospital has developed a poster promoting bike helmet usage which is displayed throughout the county and along our local bike trail. It's not enough . . .

We've written letters to physicians encouraging them to talk about bike helmet use with their patients. We've gotten bike rides in Sheboygan County to require helmets for those who participate, had bike rodeos, been on local radio programs, but it's still not enough . . . most children are not wearing helmets.

We need helmet legislation! As with safety belts, child safety seats and motorcycle helmets, the enactment of laws requiring the use of bicycle helmets for children under the age of 18, along with education, and visible enforcement is likely to be the most promising way to increase bicycle helmet usage. The wearing of a bike helmet should not be a luxury, but a necessity.

On a personal note, I would like to tell you about two children from the same school in Sheboygan. The first is my daughter, Beth. In June, three days before Beth's sixth birthday, my daughter was hit by a car on her bicycle. A teen was backing her car out of her driveway, failed to look and hit my daughter, who was bicycling on the sidewalk. Beth became airborne and flew approximately 12 feet, bike and all, into the street. I witnessed the entire accident and could do nothing. It was a mother's worst nightmare. Beth was wearing her helmet, as is the rule at our house - no helmet, no bike - and by the grace of God, and the fact that she was wearing her helmet, she only broke three fingers.

The second child is Rachel. Rachel wasn't as fortunate. Rachel was a 12-year-old girl from our school who was hit by a car, while bicycling last year, and was killed. It still affects our school today. Rachel was not wearing a helmet. When the paramedics, police and fire department came to the scene of Beth's accident, every one of them asked, "Was she wearing a helmet?" They have seen too many tragic bicycle accidents!

In closing, I will leave you with this:

- The cost of acute-care hospital charges for bicycle-related head injuries in California in 1991: \$22.7 Million
- The estimated cost of bicycle-related injuries and deaths (for all ages): \$8 Billion
- The lifetime cost of one severe head injury to a bicyclist: \$4.5 Million
- The cost of celebrating my daughter's sixth birthday this summer: Priceless!

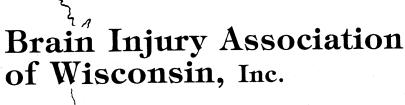
On behalf of Healthy Sheboygan County 2010, I appreciate the time given to me to speak and urge you to pass Senate Bill 87.

Sincerely,

gerid. Dreikoson RUBSU

Jeri L. Dreikosen, R.N., B.S.N.
Public Health Nurse
Co-chair, Bicycle Safety Committee
Healthy Sheboygan County 2010

JLD/deb





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September 23, 1999

Public Comment on Senate Bill 87

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Peter Whiteman

On behalf of the Brain Injury Association of Wisconsin, I am submitting a statement in support of the proposed Bike Helmet Law.

Our members are the families, friends, and service providers of individuals who have experienced a serious and life changing brain injury. One of the major causes of those head injuries is the failure to wear a helmet.

While opponents to this bill will cite individual freedom and parental rights issues, our families live with the consequences of an actual event that has changed our lives permanently.

We believe our state must send a strong message that we value the safety and future contributions of our children. The value of protecting our children from unnecessary disability, dependency, or death outweighs this law's minor impact on freedom.

When a child sustains a head injury that could be prevented by wearing a bicycle helmet, the child and the family are not the only parties who are affected. All taxpaying citizens absorb the costs of health care, special education services, and long term care when a child becomes disabled by a head injury.

We urge the legislature to pass Senate bill 87 and send a strong message that Wisconsin will protect its children from unnecessary harm and will protect its citizens from the unnecessary costs of a preventable disability.

Respectfully submitted,

Kinda Veesoe Linda Vegoe

BIAW Vice-President

7426 Country Club Road

Oshkosh, WI 54902



Position Paper: Mandatory Helmet Use Legislation Bicycle Federation of Wisconsin

106 E. Doty Street, Ste 10, Madison, WI 53701-1224

Phone: 608/251-4456 Fax: 608/251-4594 Email: bfw@mailbag.com

Introduction

The health, safety and enjoyment of all bicyclists is the primary focus of the Bicycle Federation of Wisconsin.

Toward this end, the BFW supports efforts to reduce bicycle crashes. BFW recognizes that the use of properly designed and fitted helmets plays an overall role in the protection of bicyclists. Bicycle helmets do provide bicyclists with head protection in the event of a crash.

BFW encourages the use of bicycle helmets by all bicyclists on every ride. However, BFW also supports efforts that increase the number of bicyclists using helmets through voluntary compliance.

- According to the U.S. Consumer Product Safety Commission the percentage of bicyclists, who use or have used helmets has increased dramatically from 18% in 1991 to 50% in 1998. This increase is attributable to a number of factors such as more widely available and affordable helmets and greater education of the benefits of helmet use.

BFW does not support AB 87 for the following reasons:

1) Prevention before Mitigation

Helmet promotion is an integral part of all quality bicycle education. However, helmets can only mitigate the effects of an impact; <u>helmets do not prevent crashes</u>. Moreover, mandatory helmet laws take attention away from safety/education and toward compliance.

"...It is impossible to build a helmet that will offer significant impact protection." Dr. George Shively, The Snell Memorial Foundation

In other words, the promotion of helmet-use as prevention ignores documentation to the contrary.

Mandatory helmet legislation often acts as a "feel good" approach which legitimizes the abandonment of the role of education and training in protecting bicyclists.

By looking clearly at bicycle crashes, some significant trends can be seen. A majority of crashes involving adult bicyclists and motorists are caused by motorist error, while the majority of child crashes are caused by bicyclist error. This leads one to believe that children would benefit the most from education and training as a way to reduce crashes with motorists and that adults should be wearing helmet to avoid injury when they are in a crash that is not their fault. Of course, the vast majority of crashes involving bicyclists are simple falls not involving motorists.

These crashes are often not reported and do not result in significant injury, but can also be reduced with increased education and safety training.

- Over half of all bicycle crashes, including crashes involving only bicyclist, are caused by bicyclists making simple errors which could be corrected by the knowledge and implementation of proper riding skills. <u>Riding skills</u>, not helmets prevent bicycle crashes.
- According to the League of American Bicyclists, Effective Cycling training courses can significantly reduce the number of bicyclist crashes.

Through the League of American Bicyclists' Effective Cycling Program, the BFW has led the way in safety promotion, education, and training for bicyclists both adult and child. Nationally certified instructors, through their classes, are a proven means to reduce the incidence of bicycle crashes and thereby prevent injuries.

2) Enforce Existing Laws before Enacting New Ones
No evidence exists that mandatory bicycle helmet laws would be enforced more than
existing bicycle laws. To date, current traffic laws, the enforcement of which would
dramatically reduce the number of bicycle crashes, are simply not enforced.

In fact, any enforcement that does occur concerning helmet laws might reduce the enforcement of other laws, which would prevent bicycle crashes.

In addition, motorist traffic laws, such as speeding, not giving a bicyclist three feet when passing, failure to yield can also contribute to bicycle crashes.

Enforcement is a key issue. There are laws that, if they were enforced now, would reduce the number of bicycle crashes. These laws include using lights at night, obeying stop signs and traffic lights, yielding the right-of-way, and riding with traffic flow.

Currently law enforcement personnel receive little to no training in the areas of bicycle safety and which laws to enforce that will result in lower crashes. Law enforcement needs training to identify unsafe bicycling and motoring behavior.

The Bicycle Federation of Wisconsin agrees with the Wisconsin Department of Transportation's Bicycle Plan, which states that one of the state's goals is to reduce the number of crashes by ten percent. Currently BFW does not believe that the enforcement of a mandatory helmet law will significantly reduce the number of crashes in the State of Wisconsin.

3) First, Do No Harm

Mandatory helmet laws, if enforced, are likely to reduce the number of people bicycling, resulting in significant negative health consequences for many people.

The Bicycle Federation of Wisconsin is an organization that works to increase the number of people bicycling – bicycling safely, but BFW can not support a bill that may lower the number of people who bicycle.

Increases in sedentary lifestyles are leading our country's citizens, including children, down the road of being unhealthy. People are simply not getting enough exercise. For a healthy lifestyle people should be getting approx. 30 minutes of exercise a day, and bicycling is a great way to combine exercise and transportation.

Reducing the number of people bicycling would also have negative impacts such as increasing traffic congestion and air pollution, which is contrary to the State of Wisconsin's State Bicycle Plan which states as one of its goals; to double the number of trips made by bicycling.

- During the 1990s Australia saw the proliferation of laws mandating helmet use by all citizens, adults and minors alike. The first year of the mandatory bicycle helmet laws in Australia saw an increase of helmet use by all cyclists from 31% to 75% in Victoria. In the same period, New South Wales showed increases of 31% to 76% and 26% to 85% in children and adults respectively.
- However, the two major surveys using before and after samples in Melbourne (Finch et al. 1993; Report No. 45, Monash University Accident Research Centre) and New South Wales (Smith and Milthorpe 1993; Roads and Traffic Authority) observed reductions in numbers of child cyclists 1.5 and 2.2 times greater than the increase in numbers of children wearing helmets. In other words, a significant net loss in the number of children bicycling occurred following the enactment of helmet legislation.
- Further, in Victoria, after one year of a helmet law, commuter and recreational cycling decreased 30%, a percentage greater than the increase seen in helmet use. Additional results of the New South Wales Roads and Traffic Authority study found a full 45% decrease in the number of child cyclists 2 years after helmet legislation passed.

The point needs to be made again, that the enactment of mandatory helmet laws saw a significant reduction in the number of adults and children riding bicycles.

This is a major concern for the Bicycle Federation of Wisconsin, who goals are to get more people bicycling, for more reasons, more often.

The British Medical Association (BMA) carefully studied the Australian experience and lead the BMA to conclude that mandatory helmet legislation is likely to reduce the number of people bicycling and therefore, is not in the best interest of health. The BMA reaffirmed this position in June of 1999.

Mayer Hillman, Senior Fellow Emeritus of the Policy Institute and BMA researcher writes: "The gain of 'life years' through improved fitness among regular cyclists, and thus their increased longevity exceeds the loss of 'life years' in cycle fatalities." (British Medical Association 1992) "An analysis based on the life expectancy of each cyclist killed in road accidents using actual data, and the increased longevity of those engaging in exercise regimes several times a week compared to those leading relatively sedentary live, has shown that, even in the current cycle

hostile environment, the benefits in terms of life years gained, outweigh life years lost in cycling fatalities by a factor of around 20 to 1." (Hillman 1993; Cycle helmets-the case for and against) Policy Studies Institute, London)

In short, the health benefits lost by the implementation of mandatory helmet use laws far outweigh any potential benefits of mandatory helmet legislation.

4) Bicycling is Safe

Statistics prove that bicycling is safe. Mandatory bicycle helmet laws send a message that bicycling is inherently dangerous, which is not the case.

- "Though bicycles outnumber cars globally by a ratio of 2 to 1, only two percent of the world's traffic fatalities involve cyclists. When bikes and cars are given sufficient space on the road, the risk of death is 500 times greater in cars." (Ayres, Ed. "Breaking Away." WorldWatch Magazine. Jan/Feb. 1993.)

In fact, as many as two-thirds of all bicycle fatalities that occur at night are not due to failure to wear a helmet, but motorist behavior and failure to be seen. Daytime bicycle riding, when done in accordance with existing traffic laws is by far one of the safest forms of travel in existence.

- Driving or being a passenger in a car results in .47 fatalities per million hours while bicycle fatalities compile only .26 fatalities per million hours (Failure Analysis Associates, Inc. as reported in Design News October 4, 1993).

While bicyclists should wear helmets to prevent injuries when a crash happens, the motoring public would also benefit from wearing a helmet. Over half of the 40,000 plus motor vehicle fatalities every year in the United States are caused by head injuries.

- D.L. Robinson, in an article entitled "Head Injuries and Bicycle Helmet Laws" found in the July 1996 issue of Accident Analysis and Prevention writes:

"Despite the risk of dying from head injury per hour being similar for unhelmeted cyclists and motor vehicle occupants, cyclists alone have been required to wear head protection. Helmets for motor vehicle occupants are now being marketed and a mandatory helmet law for these road users has the potential to save 17 times as many people from death by head injury as a helmet law for cyclists without the adverse effects of discouraging a healthy and pollution free mode of transport."

- The relative safety of bicycling may be why a review of 1997 US National Highway Transportation Safety Administration data (1995 data) found no statistically significant drop in cyclist fatalities in eight states which have implemented mandatory helmet laws for at least one year.

5) Mandating the Proper Fit?

No helmet legislation to date mandates, nor could legislation effectively mandate, the instruction and training necessary to initially fit a helmet and to further maintain a helmet's proper fit.

All experienced bicyclists wearing helmets have witnessed children and adults with unbuckled, broken or excessively loose helmet straps. It is also not uncommon for helmets to be worn backwards. Only education and training efforts, like Effective Cycling classes, perform the necessary function of making sure helmets are worn properly.

6) Do as I Say Not as I Do

Mandating helmet use often is limited to those under eighteen years of age, which sends the wrong message. Such laws often send the message that a bicyclist can "graduate" to safety by simply turning 18 years of age. This message is false, dangerous, and hypocritical.

Adult crashes often are the result of motorist behavior, while crashes involving children are often the result of the bicyclist behavior. Education and training programs for children would help to reduce the number of crashes. Adults and children should both wear helmets to prevent injury when a crash occurs.

CONCLUSION

In conclusion, the Bicycle Federation of Wisconsin finds that helmet use has and will continue to increase due to the increase in available, affordable helmets coupled with public education efforts encouraging helmet use. The BFW further notes that until a significant level of voluntary helmet use is reached, mandating helmet use is not an efficient use of bicycle safety funding. The BFW reasserts that effective bicycling skills, training, and education remains the most viable and cost-effective means to increase the already relatively safe record of bicycling in Wisconsin.

| Adopted this | day | of, | 1999. |
|--------------|-----|-----|-------|
|--------------|-----|-----|-------|

Testimony of

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Murray L. Katcher, MD, PhD

for the

Wisconsin Chapter of the American Academy of Pediatrics

and the

State Medical Society of Wisconsin

to the

Wisconsin Senate

Committee on Human Services and Aging September 23, 1999

Regarding 1999 Senate Bill 87: Relating to the Use of Bicycle Helmets

The Wisconsin Chapter of the American Academy of Pediatrics, representing the more than 700 Wisconsin pediatricians, and the State Medical Society of Wisconsin strongly support SB 87, a bill that requires all individuals under age 18 years to wear a bicycle helmet when riding on Wisconsin roads.

As a pediatrician, as a parent, and as Chair of the national Committee on Injury and Poison Prevention of the American Academy of Pediatrics, I know that many "accidents" are not random events; rather they are "predictable" (given the age and circumstances) and "preventable."

Bicycles are associated with more childhood injuries than any other consumer product except the automobile. In 1997 in the US, bicycling resulted in more than 500,000 injuries serious enough to necessitate a trip to the emergency department. More than 800 deaths occur, over 350 of which occur in children and adolescents.

Head injury is responsible for three fourths of these deaths, two thirds of the hospital admissions, and one third of the emergency department visits. In addition, a large number of cases of permanent disability result from bicycle-related head injuries. The single most effective safety device available to reduce head injury and death from bicycle crashes is a helmet. Helmet use reduces the risk of bicyclerelated death and injury and the severity of head injury when Several research studies, published in peera crash occurs. reviewed highly-respected medical and public health journals, have shown that wearing a bicycle helmet reduces the risk of head injury as much as 85% and brain injury as much as 88% (i.e. 88 out of 100 brain injuries to bicyclists not wearing a helmet would be prevented by helmet use). Non-helmeted riders are 14 times more likely to be involved in a fatal In one study, 96% of crash than bicyclists wearing a helmet. bicyclists killed were not wearing helmets.

Unfortunately, national estimates report that bicycle helmet use among child bicyclists ranges from 15 to 30 percent. Helmet usage is lowest (for all ages) among children ages 11 to 14 (11 percent). Bicycle education programs and mandatory bicycle helmet legislation are effective at increasing helmet use and, therefore, reducing bicycle-related death and injury.

Although public education programs alone have resulted in modest increases in helmet use over time, legislation requiring bicycle helmet use has been shown to result in major increases in helmet use within one year (from 24.5% to 49.3% in Oregon; from 36% to 73% in Australia; from 4% to 47% in Howard Co., MD), and major decreases in head injuries (48% in the first year and 70% in the second year in Australia). These effects do not seem to be heavily dependent on enforcement; but legislative initiatives are most effective when preceded by, and when coupled with, educational programs. At present, 15 states and more than 56 localities have enacted some form of bicycle legislation, most of which covers only young riders.

The total annual cost of traffic-related bicyclist death and injury among children ages 14 and under is more than \$3.4 billion. Every dollar spent on a bike helmet saves society \$30 in direct medical costs and other costs to society. If 85 percent of all child cyclists wore bicycle helmets in one year, the lifetime medical cost savings could total between \$109 million and \$142 million. A review of hospital discharge data in Washington state found that treatment for nonfatal bicycle injuries among children ages 14 and under cost more than \$113 million each year, an average of \$218,000 per child.

The Wisconsin Department of Transportation and the Wisconsin Division of Health have been promoting helmet use through public education programs for more than ten years. It is now time to couple legislation to that ongoing educational initiative.

As physicians who care for children, we pediatricians frequently hear from the parents of our patients. Over and over, they tell us how difficult it is to get their children to wear bicycle helmets. Most of the parents wish there was a bicycle helmet law in Wisconsin, so that it could be used to help enforce family rules—"After all, it IS the law."

If you have any questions or if you would like a packet of information, please contact

Murray L. Katcher, MD, PhD 1130 Shorewood Blvd. Madison, WI 53705 608/262-8416 email: mkatcher@facstaff.wisc.edu fax: 608/263-0440 Kathleen M. Barkow, MD 900 S. Webster Ave. Green Bay, WI 54301 920/431-1910 email Tentsu@aol.com fax: 920/436-1319

Centers for Disease Control*

Evaluation of Legislation and Community Programs to Increase the use of Bicycle Helmets - Selected Locations

Helmet-use rates are for children except for Victoria, Australia, which included adults.

| | | | Helmet use 1 | Helmet use Rates | |
|----------|-----------------|--------------|--------------|------------------|--|
| | | | Pre- | Post- | |
| Location | Years evaluated | Program type | Program | Program | |

Victoria, March 1983- Community campaign 6 percent 36 percent Australia March 1990

Comments: Included education, mass media publicity, support by professional associations and community groups, involvement of bicycling groups, and \$10 government rebate for helmet purchases.

follow-up March 1990 Helmet legislation 36 per cent 73 per cent March 1991 introduced

Comments: Hospitalizations for bicycle-related head injuries also decreased by 37 per cent,

Howard 1990-1991 Helmet legislation, 4 per cent 47 per cent County, community campaign

Comments: Activity prompted by bicycling deaths of two children. Use determined by observation. School-based survey showed 11 per cent and 37 per cent.

Montgomery 1990-1991 Community campaign 8 per cent 19 per cent County,
Maryland

Comments: Use determined by observation. Use determined by school-based survey was 8 per cent and 13 per cent

Baltimore 1990-1991 No specific helmet 19 per cent 4 per cent County, promotion activities

Maryland

Comments: Served as control county. Use determined by observation. Use determined by school-based survey was 7 percent and 11 percent.

Murray L. Katcher, MD, PhD - 5

| Seattle, Washington | 1987-1988 | Community campaign | 5 per cent | 14 per cent | |
|------------------------------|--|---|-------------------|-------------|--|
| | Comments: Included education of parents by physicians; advertising in newspapers, on television, and on radio; school presentations; and discount coupons for helmets, | | | | |
| follow-up | 1980-1990 | Community campaign | 14 percent | 33 percent | |
| | Comments: Follow- | up evaluation of bicycle h | elmet campaign. | | |
| follow-up | 1990-1993 Com | munity campaign | 33 per cent | 60 per cent | |
| | Comments: Follow-up evaluation of bicycle helmet campaign. Bicycle-related head Injuries decreased approximately 67 per cent among children 5-14 years of age who were members of a health maintenance organization. | | | | |
| Portland, Oregon | 1987-1988 | No specific helmet promotion activities | 1 per cent | 4 per cent | |
| | Comments: Control | . community, use determined | l by observation. | | |
| Barrie, Ontario Canada | 1988-1989 | Educational program | 0 per cent | 0 per cent | |
| | Comments: Use det | ermined by a limited numbe | er of observation | ns. | |

Comments: Use determined by a limited number of observations,

Educational program

and helmet subsidy

Source:

follow-up

Injury-Control Recommendations: Bicycle Helmets
Morbidity and Mortality Weekly Report, Vol 44, No. RR-l February 17, 1995
Centers for Disease Control and Prevention (CDC)
U. S. Public Health Service, Department of Health and Human Services

1980-1989

Bicycle testimony

0 per cent

22 per cent

^{*}http://www.bhsi.org/webdocs/evaluat.htm



Testimony on Senate Bill 87

Presented to the Senate Committee on Human Services and Aging

September 23, 1999

John L. Fox, M.D.

Thank you Madam Chair and members of the committee.

My name is John Fox. I am a pediatrician, parent of three young children, and the Senior Medical Director for Physicians Plus Insurance, Wisconsin's fifth-largest health plan.

I am here to offer my wholehearted support for Senate Bill 87. As a pediatrician and a father, I am all too aware of the many perils that children face in everyday life. But in many cases we can significantly reduce the risks to our children's health and well-being.

Using a bicycle helmet certainly falls into this category. Bicycle riding is a great way to encourage children to engage in physical activity. It can help develop a sense of independence and responsibility in children. But it is also potentially dangerous.

The three most common reasons for bicycle accidents among children are failure to stop before riding out into a street, failure to stop at stop signs, and swerving while turning or changing lanes. Even a minor collision or loss of control as a result of one of these three common errors can send a child airborne. Unlike cars, bicycles have no interior compartments to protect passengers. A collision or a spill does not have to be particularly violent in order to cause death or serious damage to a bike rider's skull, neck, spine or brain. Children are particularly vulnerable to accidents and injuries because their motor skills are not fully developed and they may not always know or follow the rules of the road.

The Legislature long ago decided that it is good public policy to require child-safety seats for young children traveling in cars and to require the use of seat belts by all ages. These laws were intended to save lives by sending a simple message: society and government will act when prudent to protect lives. I don't see any logical reason why we should distinguish between one type of vehicle and another when considering the need for safety equipment. Bicycles and cars share the same roads and collide with each other more than 250,000 times a year. If we believe the safety of children traveling in cars is a matter of public policy, we must certainly believe that the safety of more vulnerable children traveling on bicycles is at least equally important.

I understand that passing this bill is not a panacea. But as our elected representatives you can play a very important role in delivering the message that helmets save lives and reduce the risk of serious injuries. Parents can also play a role by wearing helmets

1-800-545-5015

22 East Mifflin

themselves and insisting that their children do the same. We as physicians need to remind our patients about the importance of helmets. I am proud to say that Physicians Plus doctors encourage the use of helmets by offering our patients coupons to help defray the cost. Last year, we distributed more than 21,000 of these coupons.

As legislators, you are asked to consider hundreds of bills about a wide variety of issues. In many cases, though, you might never know how your action on a bill affects the lives of real people. I think this bill is an exception. If this bill passes, we can all be confident in knowing there is a child out there right now who has never worn a bike helmet who will begin wearing one. There is a child who would spend his life in a wheelchair who will ride a bike again. There is a child who would suffer brain damage who will bring home A's on her report card. There is a child who would be killed who will live.

To those children, this may be the most important bill you consider this year. I urge you to support it.

Thank you for the opportunity to testify. I would be happy to answer any questions.